

Work Order ID 90282

90282

Page 1

September-17-12 8:37:37 AM

Item ID: D2370

Revision ID:

Item Name: Litter Assembly

Start Date: 9/14/12 Start Qty: 1.00

Accepted

N900040100

S

tup Star

NS1

Required Date: 10/12/12 **Revised:**

1

Cust Item ID

Customer:

Reference:

Approvals:

Process Plan: M-L-5

Date: 12-09-13 Tooling:

Date:

R

in Star

±10.1±

95

Date:

SPC (Y/N)

Data

Stop

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Mi'sread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other						

Work Order ID 90282

90282

Page 2

September-17-12 8:37:37 AM

Item ID: D2370

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Litter Assembly

Start Date: 9/14/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Small Fab

Small Fab

Memo

0.00

X

13/01/15

140

140

QC

Quality Control

Memo

0.00

13/01/15

1

150

150

Packaging

Packaging

Identify as per dwg & Stock Location: ST229

0.00

Memo

0.00

13/01/15 C

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>					
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/>					
				<input type="checkbox"/> Other					

Work Order ID 90282

90282

Page 3

September-17-12 8:37:37 AM

Item ID: D2370

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Assembly

Stop

NS2

Start Date: 9/14/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

160

QC21- Final Inspection - Work Order Release

160

QC

Quality Control

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

0.00

13/1/16

13/01/16

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/>						
				<input type="checkbox"/> Other						

Picklist Print

September-17-12 8:37:37 AM

Page 1

Work Order ID: 90282

Parent Item: D2370

Parent Item Name: Litter Assembly

Start Date: 9/14/12

Required Date: 10/12/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP D 01.10.10Changed D2484 nut for D3015-1 SM
IPP E 06.12.12 ecn 888 ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN960JD416L Washer	NAS1149D0416J	Purchased	No			130	Each	6.0000	4	4		BB/3/01/15	
D2370P Litter Assembly				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				FP002			6						
					110153		6						
D2374 Stud		Purchased	No			130	Each	1.0000	1	1		BB/3/01/15 90282	
D2378 Bolt		Manufactured	No	<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST			1						
					89803		1						
D3015-1 Lock Nut		Manufactured	No			130	Each	54.0000	4	4		BB/3/01/15	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST008			5						
					79475		5						
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST008			29						
					79476		29						
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST009			25						
					89339		25						
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST023			378						
					14710		378						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS								
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
										<input type="checkbox"/> Other			

Picklist Print

September-17-12 8:37:37 AM

Page 2

Work Order ID: 90282

Parent Item: D2370

Parent Item Name: Litter Assembly

Start Date: 9/14/12

Required Date: 10/12/12

Start Qty: 1.00

Required Qty: 1.00

MS27039-4-06

Purchased

No

110

Each

88.0000

2

2

Screw

Location

ST292

119075

Loc Qty

88

88

Loc Code

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

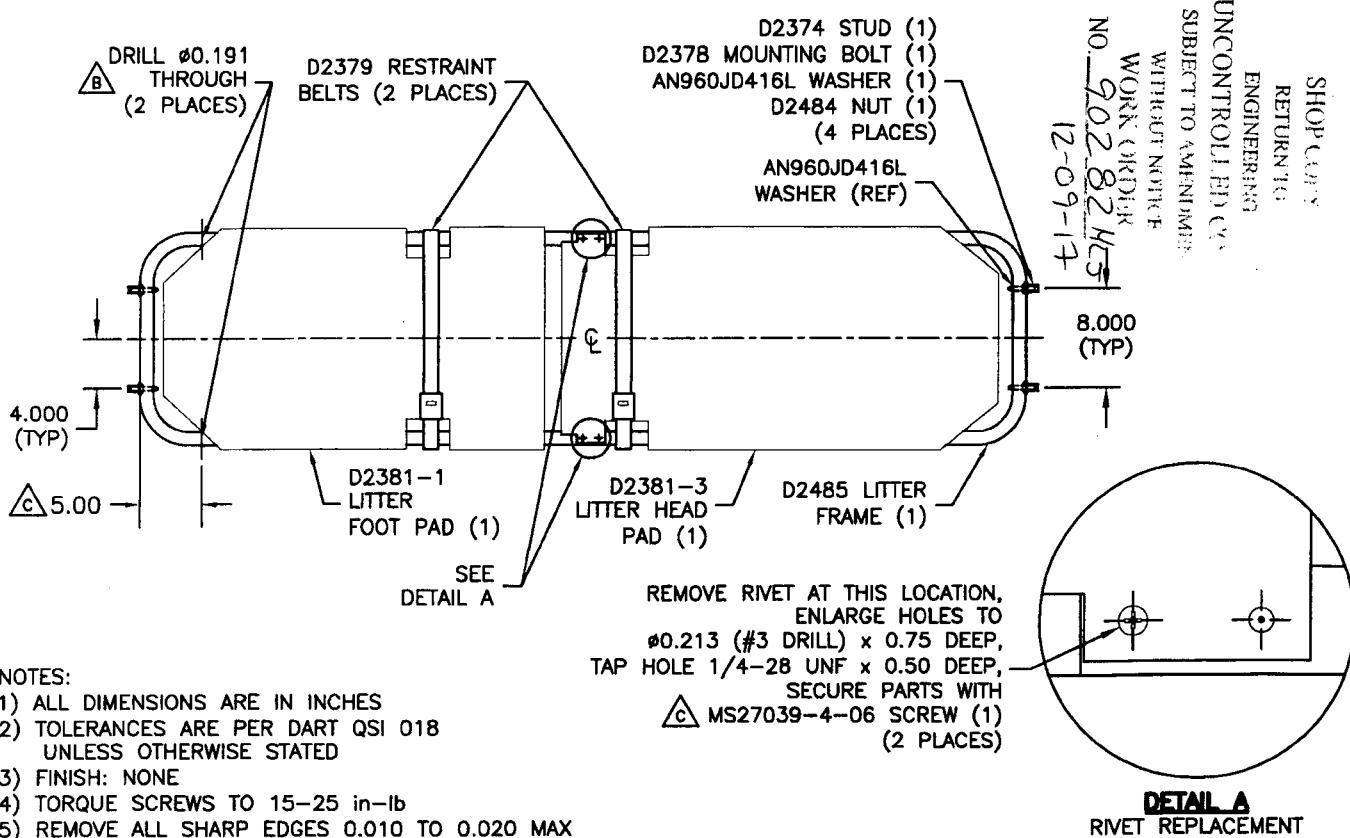
DART

DESIGN KE	DRAWN BY <i>[Signature]</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D2370	REV. C SHEET 1 OF 1
DATE 06.11.21		TITLE LITTER ASSEMBLY	SCALE NTS
A	95.02.20	NEW ISSUE	
B	98.06.09	ADDED Ø0.191 HOLES	
C	06.11.21	ADD ALTERNATE FOR D2484, MS SCREWS TAPPED HOLES, AND 5.00 WAS 5.34	

RELEASED

06.12.05 *[Signature]*

D2370	Part No.	Description
X	D2370	LITTER ASSEMBLY
4	D2374	STUD
4	D2378	MOUNTING BOLT
2	D2379	RESTRAINT BELTS
1	D2381-1	LITTER PAD
1	D2381-3	LITTER PAD
4	D2484	NUT (OR D3015-1) <i>[c]</i>
1	D2485	LITTER FRAME
4	AN960JD416L	WASHER
2	MS27039-4-06	SCREW <i>[c]</i>



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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17930

Purchase Order Date 9/18/12
PO Print Date 9/24/12

Page Number 1 of 1

Order From : VU-FER001

FERNO AVIATION INC.
735-B BRANCH DR.
ALPHARETTA,, GA 30004
US

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	USD
	FOB	Destination-Collect

FAXED
CT 12/09

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D2370P	Litter Assembly	10/15/12 Yes	1.00 Each	FedEx PI collect	\$1,384.0000	\$1,384.00
2	D2370P	Litter Assembly	10/15/12 Yes	1.00 Each	FedEx PI collect	\$1,384.0000	\$1,384.00

Special Inst: AS PER DWG D2370 REV. C
B90282
MODEL: 12-2A UNDRILLED WITH GREY
PAD & BLACK BELTS

Special Inst: AS PER DWG D2370 REV. C
B90622
MODEL: 12-2A UNDRILLED WITH GREY
PAD & BLACK BELTS

PO Total: \$2,768.00



No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required YES NO

Change Nbr: 2

Change Date: 9/24/12

FERNO Aviation, INC.

735-B Branch Drive
Alpharetta, GA 30004
Office 770.521.1005 Fax 770.521.0910
<http://aviation.ferno.com>

Packing Slip

DATE	PACKING SLIP NO.
1/4/2013	12717

BILL TO
Dart Aerospace, Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7 Canada Attn: Accounts Payable

SHIP TO
Dart Aerospace, Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7 Canada Ref: PO17930

	P.O. NUMBER	TERMS	REP	SHIP DATE	SHIP VIA	FOB	
	17930	Net 30	KD	1/4/2013	UPS Next Day	Wilmington OH	
	ITEM	DESCRIPTION				QTY ORD.	QTY DEL.
12-2A		Model 12-2 *Gray* w/FAA Approved Cover/Pad Assembly and 2ea Model PR-STFL FAA Approved Black Restraints Serial #12N241684 and 12N241691 Freight charges being absorbed by Ferno Washington. FAA approved patient restraints shipped separately to Linda Lacelle's attention.				2	2

Thank you for your order!

FERNO Aviation, INC.

735B Branch Drive
Alpharetta, GA 30004

Telephone: 770.521.1005
Fax: 770.521.0910

CERTIFICATE OF CONFORMANCE

Date: 01/04/2013

Customer: Dart Aerospace, Inc.

P.O. Number: PO17930

Part Number	Description	Serial Number
Model 12-2A	Aeromedical Stretcher w/Orange FAA Approved Cover and Black FAA Approved Patient Restraints	12N241684 12N241691

We hereby certify that all items in the above shipment have been produced, inspected and found to be in compliance with applicable drawings, customer specifications, and purchase order requirements including the flammability requirements of the Department of Transportation Federal Aviation Administration FAR 25.853 appendix F Part I(a)(1)(ii). All documents utilized were the latest revision in effect on the date of this order, or as specified by buyer.



Robert C. Chinn
QA, Ferno Aviation